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APPLICANTS
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**** CONTINUING DATA *******
 This application is a DIV of 09/054,660 04/03/1998 ABN
 which is a CON of 08/753,227 11/22/1996 PAT 5,873,855
 which is a CIP of 08/562,331 11/22/1995 PAT 5,683,366
 which is a CIP of PCT/US94/05168 05/10/1994

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 08/03/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 21	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
21394

TITLE
SYSTEM FOR ELECTROSURGICAL MYOCARDIAL REVASCULARIZATION

FILING FEE RECEIVED 2420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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